

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Michaels</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Oct.</i>	Day	<i>7</i>
Age	<i>74</i>	Years	<i>11</i>	Months	<i>—</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>A.A. Co</i>
Occupation	<i>Merchant</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Louise Elmerin</i>		
Father's Name	<i>William Baker</i>		Father's Birthplace	<i>A.A. Co</i>	
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>Louise E Baker</i>		How related to deceased	<i>widow</i>	

CAUSES OF DEATH

(154)

PHYSICIAN
OR CORONER

Primary	<i>Senile debility</i>	How long	<i>six months</i>
Immediate	<i>Cardiac Failure</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. St. Luke M.D.</i>
		Address	<i>St. Michaels, Md.</i>
Accident or Suicide?	<i>—</i>		

11



Name
in
Full

Wm G Caulk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>St. Michaels</i>		County <i>Talbot</i>		MARYLAND		
Date of death		1907	Month <i>Oct</i>	Day <i>30</i>	Age <i>77</i>	Years	Months <i>-</i>	Days <i>-</i>
Sex		<i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Talbot Co.</i>		
Occupation <i>Oyster tonger</i>				Where Residing if not at place of death				
Married, Single or Widowed		<i>Married</i>		Name of Wife or Husband <i>Mary E. Caulk</i>				
Father's Name		<i>Dawson Caulk</i>				Father's Birthplace <i>Talbot Co.</i>		
Mother's Maiden Name		<i>Martha Sharpless</i>				Mother's Birthplace <i>Talbot Co.</i>		
Name of person giving information		<i>Leona Caulk</i>				How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Lobar Pneumonia</i>	How long	<i>One week</i>
Immediate	<i>Respiratory Failure</i>	How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Sloper</i>	
<i>Yes</i>		Address <i>St. Michaels</i>	
Accident or Suicide?		<i>Mf.</i>	



Name
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Full

CERTIFICATE OF DEATH

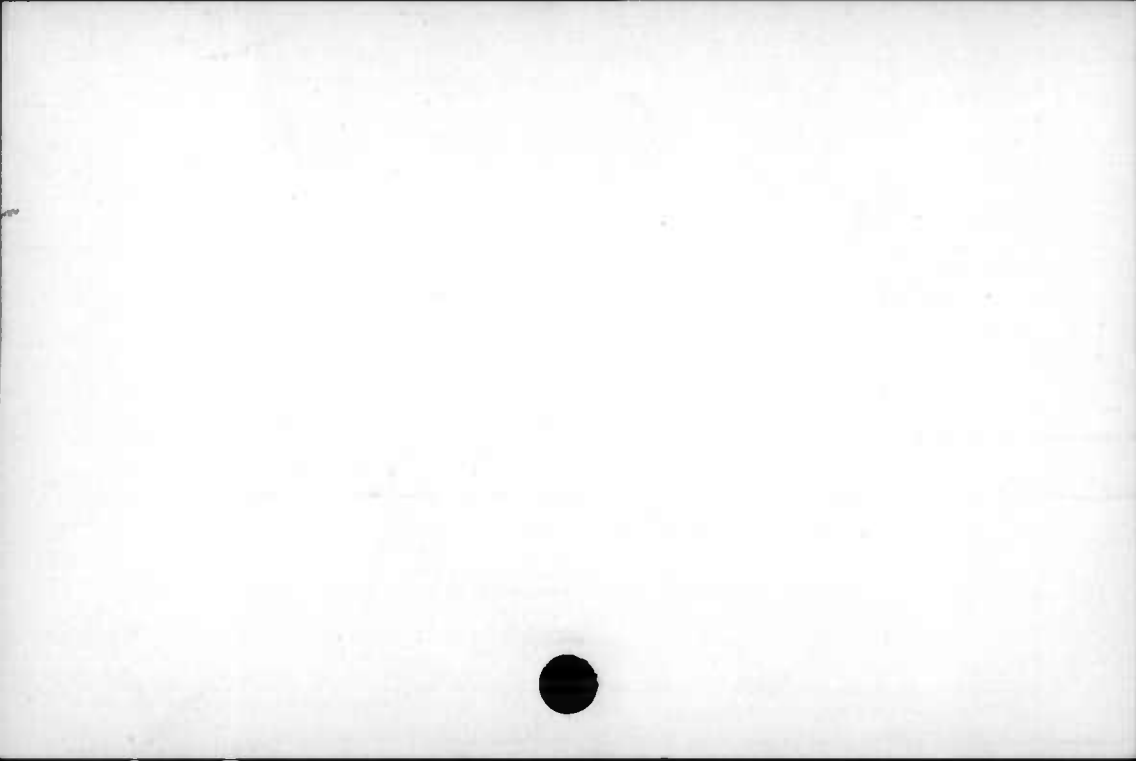
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Euston</u> Town		<u>Talent</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>10</u>	Day <u>21</u>	Age <u>—</u>	Months <u>—</u>	Days <u>1</u>
Sex <u>M</u>	Color or Race <u>Blk</u>		Birth-place <u>Euston</u>		
Occupation <u>clerk</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Robert S. Lohman</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Lucy F. Lohman</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>M. L. Lohman</u>			How related to deceased <u>S. Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Premature Birth</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>[Signature]</u>
	Address <u>Euston, Ind</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Easton</u> ^{Town}		<u>Talbot</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>Oct</u> ^{Day} <u>4</u> ^{Years} <u>05</u> ^{Months} <u>7</u> ^{Days} <u>1</u>		Age <u>05</u>			
Sex <u>Male</u>		Color or Race <u>Cold</u>		Birth place <u>Talbot Co</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Don't know</u>		Father's Birthplace <u>Talbot Co</u>			
Mother's Maiden Name <u>Anna Gardner</u>		Mother's Birthplace <u>" "</u>			
Name of person giving information <u>Malachi Gardner</u>		How related to deceased <u>Grandfather</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>2 mos</u>
Immediate <u>Ephemeris</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>[Signature]</u>
	Address <u>Barney Hill</u>
Accident or Suicide?	

New Chapel 900000

Name
in
Full

Mary Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

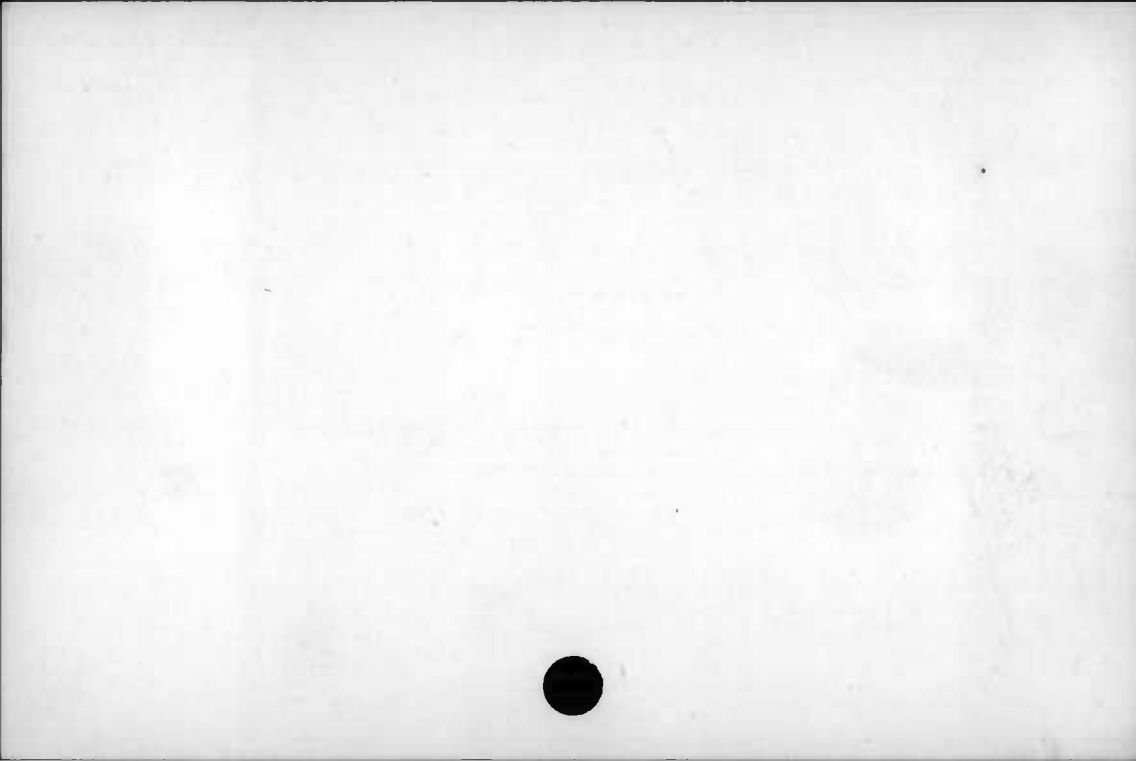
Died at		Town		County		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	1907	Oct.	9	76	4		
Sex	Female		Color or Race	Caucasian		Birth-place	Easton Md
Occupation	Home work.		Where Residing if not at place of death		Offord Md.		
Married, Single or Widowed	Single		Name of Wife or Husband		Richard Gibson		
Father's Name	Thomas Johns.				Father's Birthplace	Seaford Del	
Mother's Maiden Name	Eliza Henry				Mother's Birthplace	Seaford. Del	
Name of person giving information	Richard Gibson				How related to deceased	Husband	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Indigestion with old age		How long	5 years
Immediate	Heart failure		How long	1 hour
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	J. M. Coates M.D.
			Address	Offord Talbot County
Accident or Suicide? <input type="checkbox"/>				



Name
in
Full

Georganna Gouldsbrough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Royal Oak.*

Town

Talbot

County

Date

of death *1907*

Month

Oct

Day

13

Years

Age *45*

Months

Days

Sex

*Female*Color or
Race*Negro*Birth-
place*Talbot Co Md*

Occupation

*Labourer*Where Residing if not
at place of death*Balto Md.*Married, Single
or Widowed*Single*Name of Wife or
Husband*Jacob. Gouldsbrough.*Father's
Name*Jacob. Gouldsbrough.*Father's
Birthplace*Talbot Co Md.*Mother's
Maiden Name*Ellen Castle*Mother's
Birthplace*Talbot Co Md.*Name of person giving
In formation*Jacob. Gouldsbrough.*How related
to deceased*Brother*

CAUSES OF DEATH

79

Primary

Valvular heart

How long

8 months

Immediate

Dropsy

How long

*2 months*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Saml b. Trippe*

Address

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

William Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

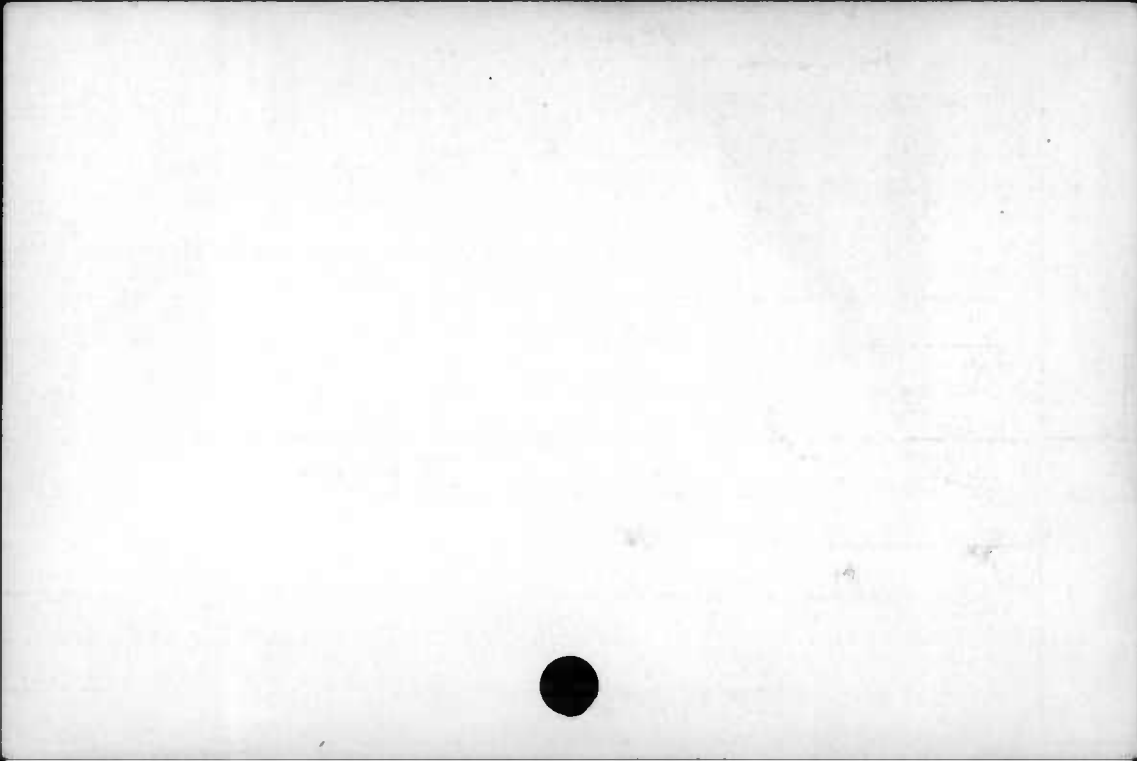
Died at *St. Michaels* ^{Town} *Talbot* ^{County}
 Date of death *1907* ^{Month} *Oct* ^{Day} *5* ^{Years} *91* ^{Months} *4* ^{Days}
 Sex *Male* Color or Race *White* Birth-place *Talbot Co*
 Occupation *Retired* Where Residing if not at place of death
~~Married~~ ^{Name of Wife or} *Mary Harrison*
 or Widowed ~~Husband~~
 Father's Name *James Harrison* Father's Birthplace *Talbot Co.*
 Mother's Maiden Name *Frances Porter* Mother's Birthplace *Talbot Co.*
 Name of person giving information *Mrs E. P. Sparks* How related to deceased *Daughter*

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary *Acute Nephritis* How long *About a week*
 Immediate *Cardiac Failure* How long —
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. H. Hoke M.D.*
 Address *St. Michaels Md.*
 Accident or Suicide?



Name
in
Full

Susan Catharine Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Easton</i>		County <i>Talbot</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Oct</i>	Day <i>29</i>	Age <i>X</i>	Months <i>X</i>	Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Easton</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>X</i>				
Father's Name <i>Joseph S. Johnson</i>	Father's Birthplace <i>Easton</i>				
Mother's Maiden Name <i>Natie Miller</i>	Mother's Birthplace <i>Easton</i>				
Name of person giving information <i>Joseph S. Johnson</i>	How related to deceased <i>father</i>				

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>break for two weeks</i>	How long <i>How long</i>
Immediate <i>Some stomach trouble</i>	How long <i>a few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. R. Zippel Registrar</i>
	Address <i>Easton Md.</i>
Accident or Suicide?	<i>No physician in attendance</i>



Name
in
Full

Nancy Etta Jones

CERTIFICATE OF DEATH

Died at ^{Town} Bozman ^{County} Talbot

MARYLAND

Date of death 190 ^{Month} X Oct ^{Day} 27 ^{Age} 65 ^{Years} 65 ^{Months} 0 ^{Days} 0

Sex Female Color or Race White Birth-place Talbot Co

Occupation Housewife Where Residing if not at place of death Same

Married, Single or Widowed Married Name of Wife or Husband Theodore T. Jones

Father's Name John Harrison Father's Birthplace Talbot Co

Mother's Maiden Name Margaret Marshall Mother's Birthplace Talbot Co

Name of person giving information Theodore T. Jones, Jr. How related to deceased Son

CAUSES OF DEATH

Primary Acute gastritis ^{How long} 1 wk.

Immediate Ind ^{How long} Ind

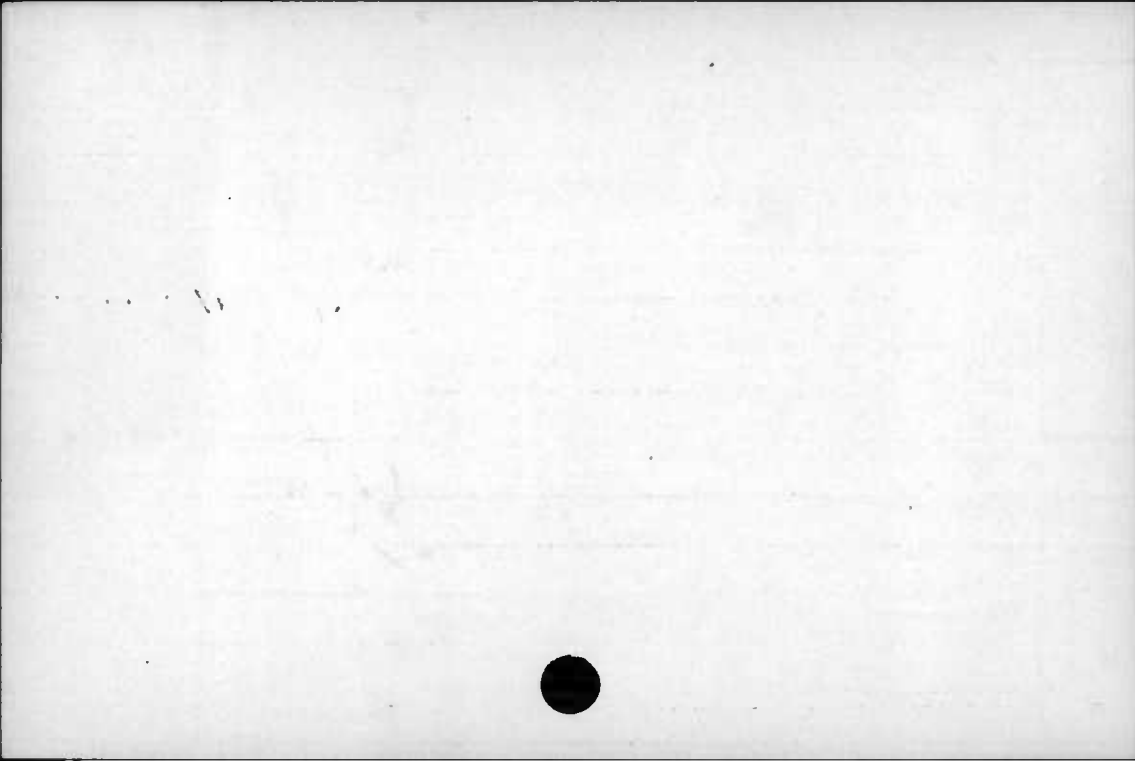
Are the name, age, sex, color, date and place correctly given above? Ind Signature of Physician Chas. J. B. Seth

Address St Michael

Accident or Suicide? Ind

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Carolyn Kelley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

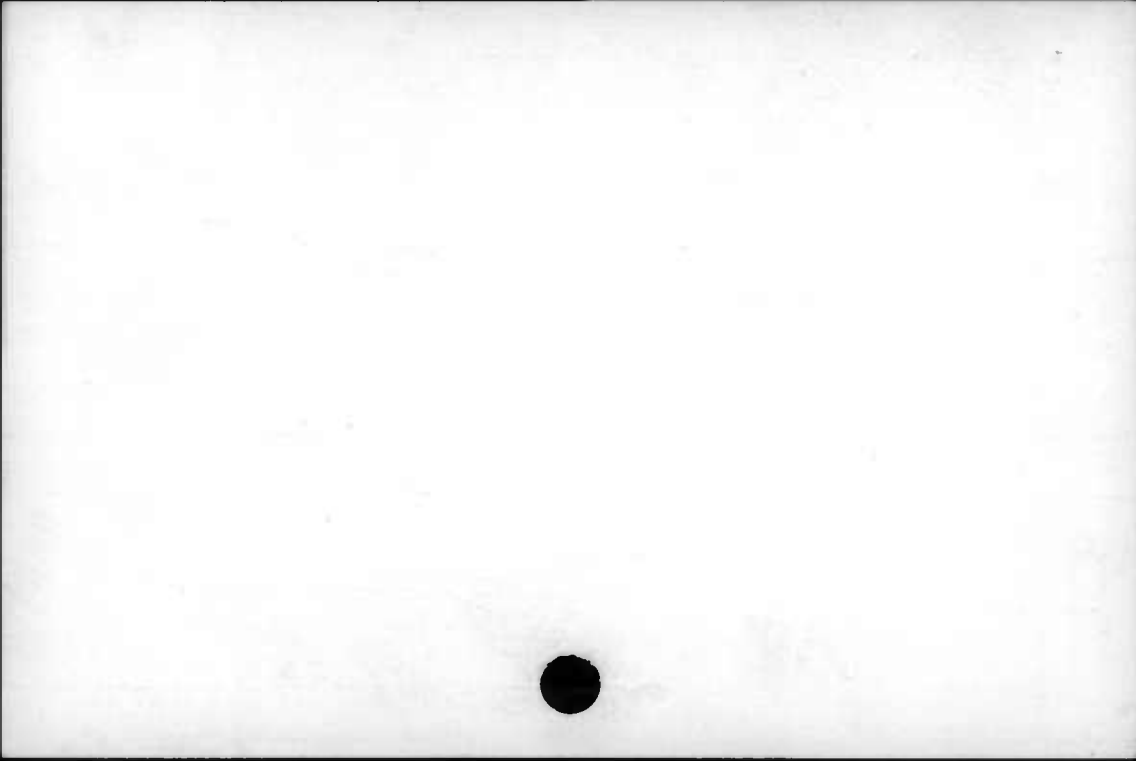
Died at <i>Royal Oak</i>		<i>Tellico</i>		MARYLAND	
Date of death	1907	Month	10	Day	2
Age		96		Months	8
Sex		Female		Color or Race	White
Occupation		none		Birth-place	<i>Amherst Co</i>
Where Residing if not at place of death		X			
Married, Single or Widowed		Name of Wife or Husband <i>Washington W. Kelley</i>			
Father's Name		<i>Levern Minton</i>		Father's Birthplace	<i>Md</i>
Mother's Maiden Name		<i>Kasih Evans</i>		Mother's Birthplace	<i>Md</i>
Name of person giving information		<i>Amelia Kelley</i>		How related to deceased	<i>Saughter</i>

CAUSES OF DEATH

13-4

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	How long	<i>6 months</i>
Immediate	<i>Natural weakness</i>		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>Samuel C. Trippe</i>	
		Address	
		<i>Royal Oak</i>	
		<i>Md</i>	
Accident or Suicide?			



Name
in
Full

Edward Lloyd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

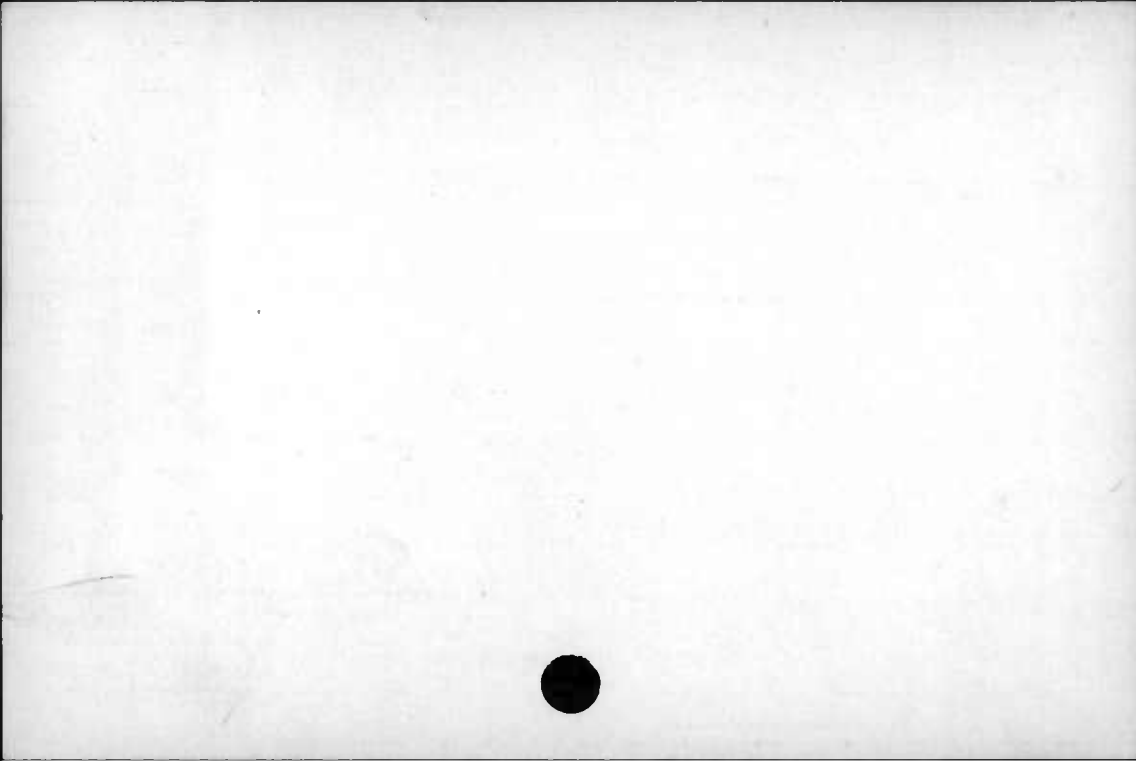
Died at *Myr. - Near Easton Talbot* CountyDate of death *1907* Month *Oct* Day *22* Age *82* Years Months *0* Days *0*Sex *Male* Color or Race *White* Birth-place *Baltimore*Occupation *Farmer -* Where Residing if not at place of death *Myr. House*Married, Single or Widowed *married* Name of Wife or Husband *Mary Howard Lloyd*Father's Name *Edward Lloyd* Father's Birthplace *Balco*Mother's Maiden Name *Alice M. Blair* Mother's Birthplace *"*Name of person giving information *C. Howard Lloyd* How related to deceased *Son*

CAUSES OF DEATH

79

Primary *dilated right-side of heart -* How long *not known*Immediate *increase in the dilation - Exhaustion* How long *few days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Chas. J. Sanders*Address *Easton, Md.*

Accident or Suicide?



Name
in
Full

Williamina Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

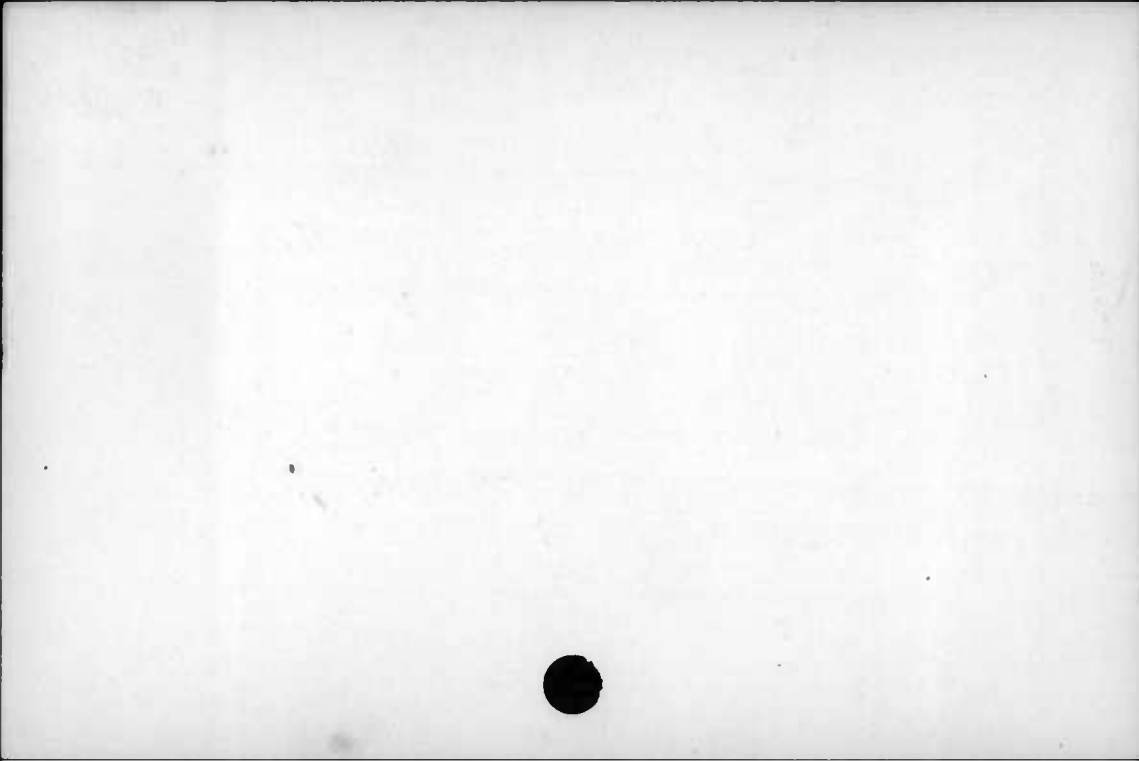
Died at		Town Oxford		County Talbot.		MARYLAND	
Date of death		1907	Month Oct.	Day 16	Age 72.	Years 0	Months 0
Sex Female		Color or Race White		Birth-place Penna			
Occupation Housewife		Where Residing if not at place of death Oxford Md					
Married, Single or Widowed		Name of Wife or Husband Thos. A Long (deceased)					
Father's Name H. A. V. Massey		Father's Birthplace Pittsburgh Pa					
Mother's Maiden Name Sophia Porter		Mother's Birthplace Pennsylvania					
Name of person giving information W. A. P. Long		How related to deceased Sons.					

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary	Apoplexy	How long	24 Hours
Immediate	Physicist's Phantasm	How long	Short time
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		J. M. Eccles	
Address		Oxford, Md	
Accident or Suicide?			



Name
In
Full

Bridget Mc GEE

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

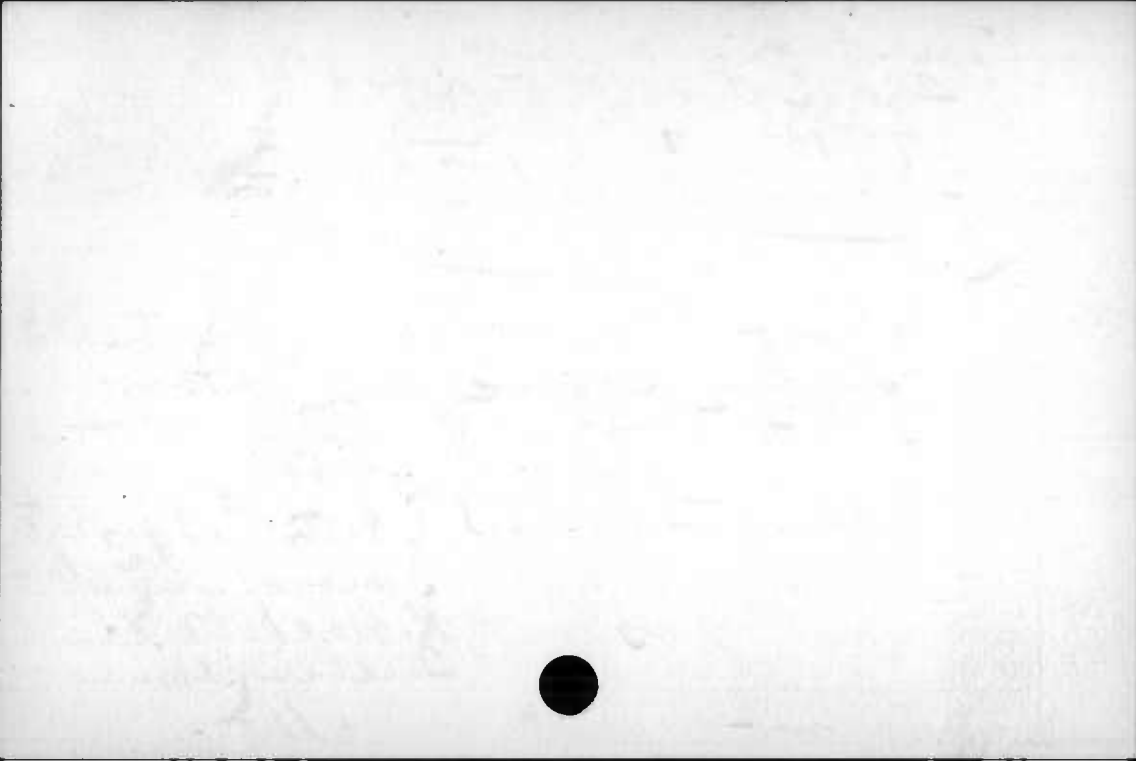
Died at <u>Easton</u> ^{Town}		<u>Feb 1</u> ^{County}		MARYLAND	
Date of death 190	<u>Oct</u> ^{Month}	<u>29</u> ^{Day}	Age <u>44</u> ^{Years}	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Carroll County</u>		
Occupation <u>None</u>	Where Residing if not at place of death				
Married , Single	Name of Wife or Husband				
Widowed					
Father's Name <u>John Mc GEE</u>	Father's Birthplace <u>Ireland</u>				
Mother's Maiden Name <u>Margaret Rooney</u>	Mother's Birthplace <u>Ireland</u>				
Name of person giving information <u>John Mc GEE</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Cause of Death <u>Consumption of lungs & was in hospital several years</u>	How long <u>Several years</u>
<u>for dementia & Phthisis several years, born again</u>	How long <u>6</u>
Immediate Cause <u>one month, no physician here</u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. R. Zupke M.D. Registrar</u>
	Address <u>Easton Md</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

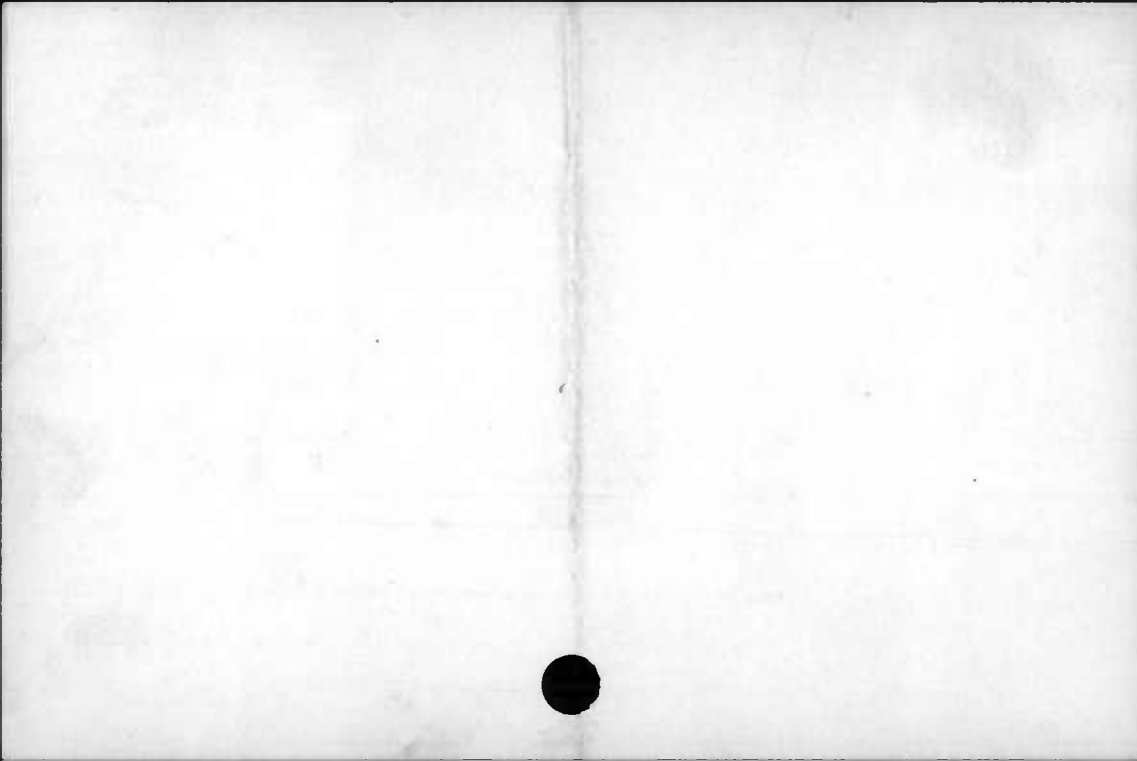
Name in Full <i>Ethel Pearl McMullen</i>		Town <i>Queen Anne</i>		County <i>Labor</i>		MARYLAND	
Died at <i>Queen Anne</i>		Month <i>10</i>		Day <i>9</i>		Age <i>2</i>	
Date of death <i>1907</i>		Month <i>10</i>		Day <i>9</i>		Months <i>2</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Some</i>		Days <i>7</i>	
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>				Name of Wife or Husband <i></i>			
Father's Name <i>John H. McMullen</i>				Father's Birthplace <i>Kent Co. Md.</i>			
Mother's Maiden Name <i>Lena Boyle</i>				Mother's Birthplace <i>Del.</i>			
Name of person giving information <i>Father</i>				How related to deceased <i></i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Death known</i>	How long <i>Sept 15. I gave it</i>
Immediate	<i>"</i>	How long <i>Medic. Sp. 15</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>R. Hackett M.D.</i>
		Address <i>Queen Anne Md.</i>
Accident or Suicide?	<i>no -</i>	



Name
in
Full

Richard Molock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Easton</i>		<i>Talbot</i>		County		MARYLAND	
Date of death	1907	Month	Oct	Day	13	Age	72
Sex	Male	Color or Race	Black	Birth-place	Dorchester Co.		
Occupation	Laborer		Where Residing if not at place of death <i>Near Easton</i>				
Married, Single or Widowed	Married		Name of Wife or Husband <i>Elijah M. Molock</i>				
Father's Name	<i>Littleton Molock</i>				Father's Birthplace <i>Dorchester</i>		
Mother's Maiden Name	<i>Rachel Lee</i>				Mother's Birthplace <i>Dorchester</i>		
Name of person giving information	<i>Charlotte Gross</i>				How related to deceased <i>Sister</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Heart Disease</i>	How long	<i>Several Months</i>
Immediate	<i>Heart failure</i>	How long	<i>after hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E.R. Rejke M.D. Registrar</i>	
<i>Dr. R.B. Hayward</i>		Address <i>Easton</i>	
Accident or Suicide? <i>Attended him but he has gone into the Navy</i>			

Dr. Bardon

New Haven

Thos. Bardon

Name
in
Full

Richard. Thomas Pratt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

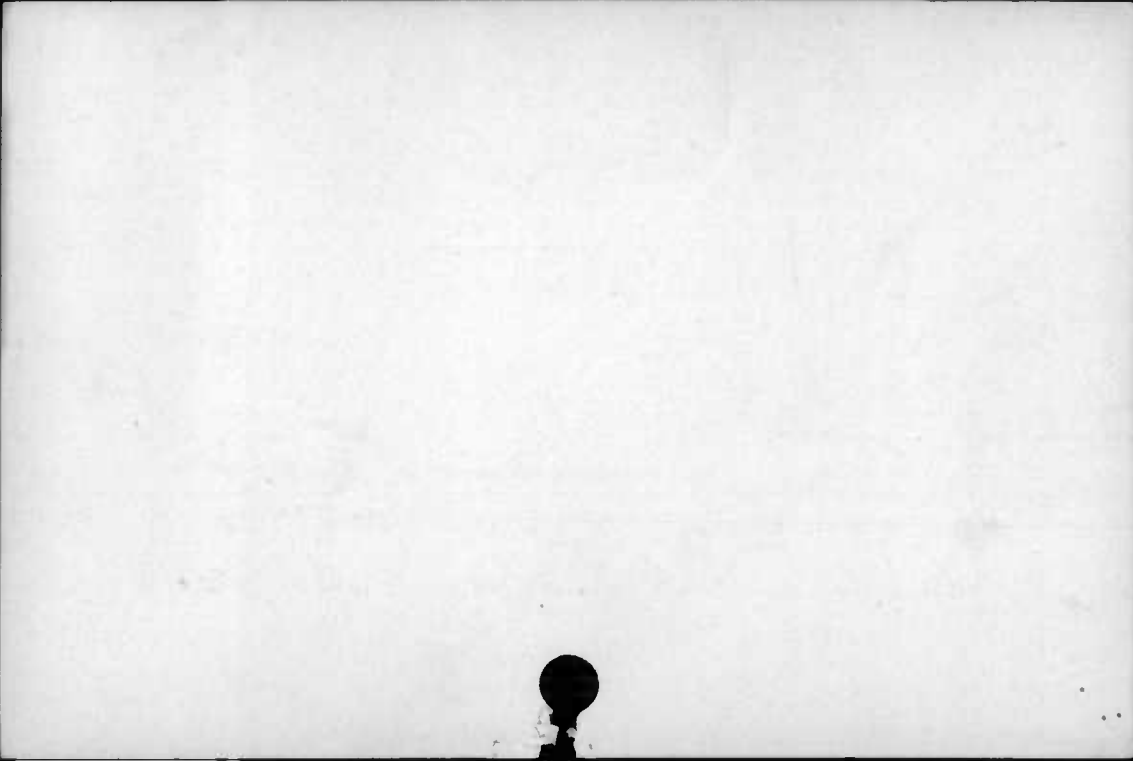
Died at <i>Wittman</i> Town		<i>Salbo</i> County		MARYLAND	
Date of death	1907	Month	<i>Oct</i>	Day	<i>24th</i>
Age		34		Years	
Sex	<i>male</i>		Color or Race	<i>white</i>	
Birthplace	<i>Salbo Co. Md</i>				
Occupation	<i>Hammering</i>		Where Residing if not at place of death <i>Wittman Md</i>		
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband <i>Cornelia M. Pratt</i>		
Father's Name	<i>Wm. J. Pratt</i>			Father's Birthplace	<i>Salbo Co.</i>
Mother's Maiden Name	<i>Mary E. Matheson</i>			Mother's Birthplace	<i>Salbo Co.</i>
Name of person giving information	<i>Cornelia M. Pratt</i>			How related to deceased	<i>wife</i>

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Chronic Gastric and Intestinal Catarrh</i>	How long	<i>From history 27 yrs</i>
Immediate	<i>renal asthenia</i>	How long	<i>3 mo</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>A. B. Blasevich</i>	
Address		<i>St Michael's Ind</i>	
Accident or Suicide? <i>no</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Hulseless Ray

Died at *Easter* Town *Talent* County

Date of death *1907* Month *Oct* Day *15* Age *63* Years Months *1* Days *13*

Sex *Male* Color or Race *White* Birth-place

Occupation *House Carpenter* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Mary E. Ray*

Father's Name *Edward Ray* Father's Birthplace *Ill*

Mother's Maiden Name *Elizabeth Pfeffer* Mother's Birthplace *Ill*

Name of person giving information *M. S. Ray* How related to deceased *info*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Chronic Int. Refl.* How long *3 mos*

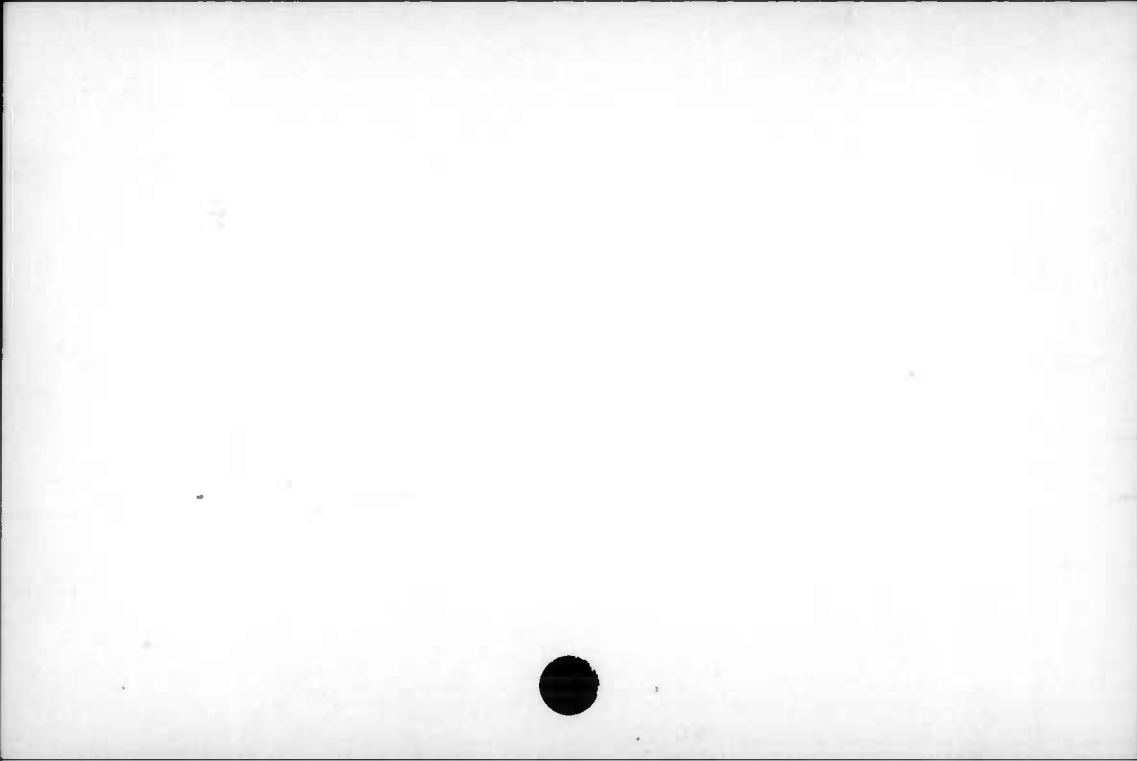
Immediate *Coroner* How long *48 hours*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *[Signature]*

Address *Easter Ill*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Ray Tr Lu Taylor

Town

County

Died at

Carlor

Tah

MARYLAND

Date

of death

1907

Month

Oct

Day

12

Age

Years

Months

3

Days

4

Sex

Male

Color or
Race

White

Birth-
place

Earlor

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Harry Taylor

Father's
Birthplace

Del

Mother's
Maiden Name

Ida V. Heatter

Mother's
Birthplace

Del

Name of person giving
Information

Harry Taylor

How related
to deceased

father

CAUSES OF DEATH

105

Primary

Intestinal Infection

How long

3 weeks

Immediate

Cardiac Asthenia

How long

12 hrs.

Are the name, age, sex, color, date
and place correctly given above?

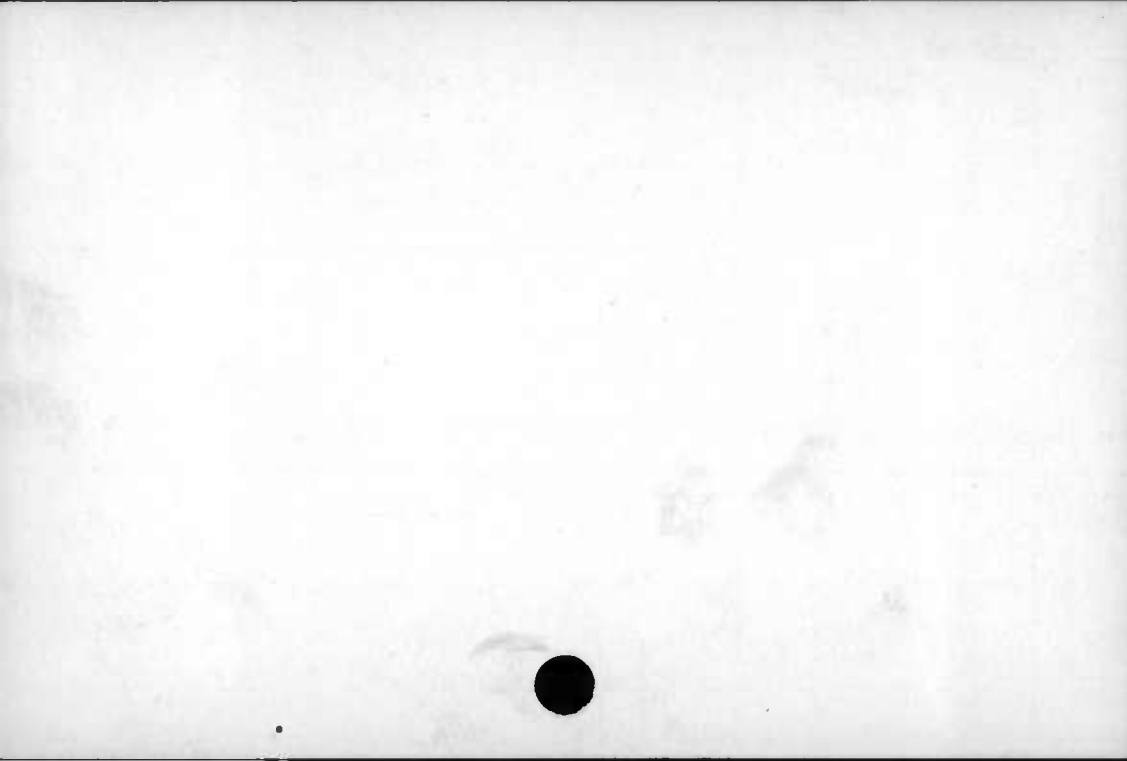
yes

Signature of
Physician

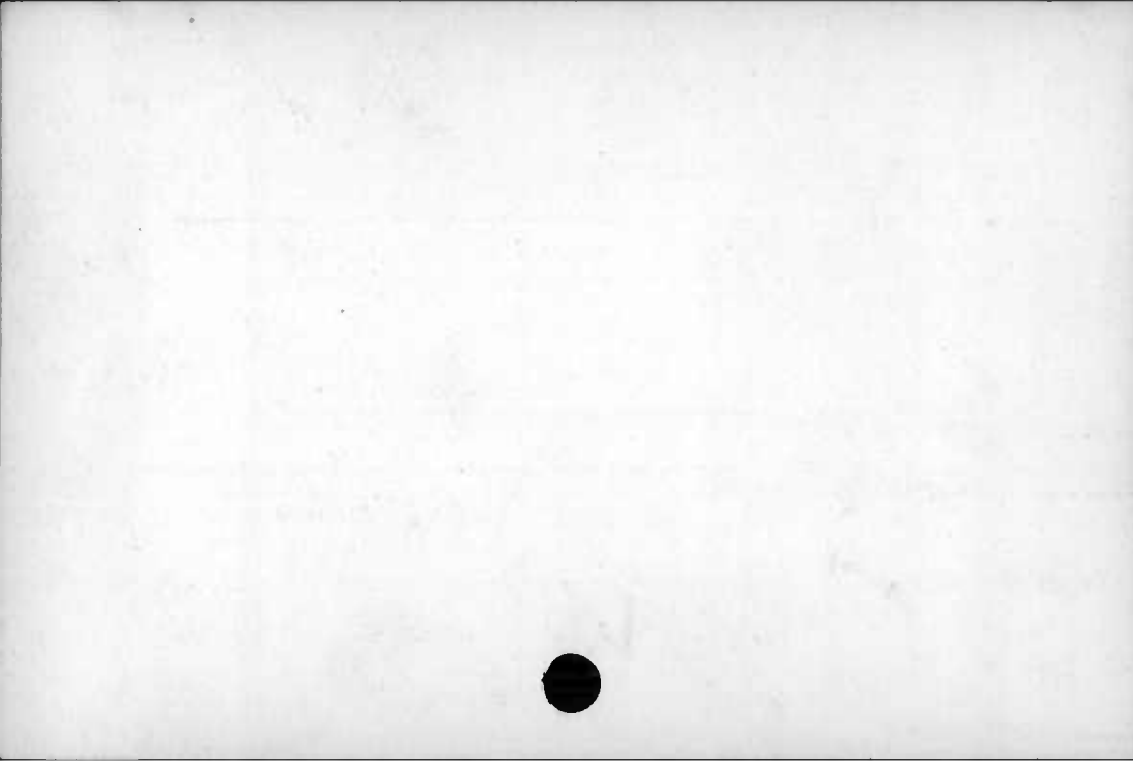
Address

Accident or Suicide?

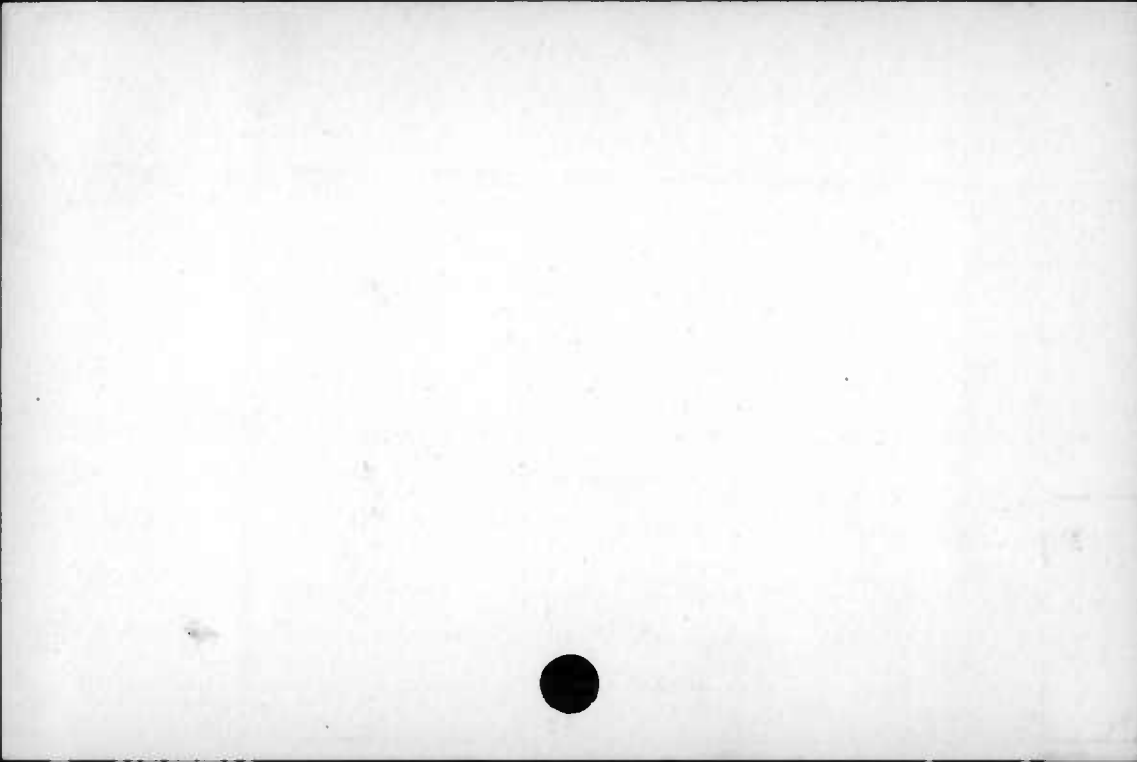
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Town				County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Royal Oak.</i>				<i>Talbot</i>		MARYLAND	
		Date of death <i>1907</i>		Month <i>Oct</i>	Day <i>14</i>	Age <i>11</i>		Months <i>—</i>	Days <i>—</i>
		Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>Talbot Co. Md.</i>			
		Occupation				Where Residing if not at place of death			
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
		Father's Name <i>Chas H. Tilghman</i>				Father's Birthplace <i>Royal Oak Md.</i>			
PHYSICIAN OR CORONER		Mother's Maiden Name <i>Lindy Thomas.</i>				Mother's Birthplace <i>Royal Oak Md.</i>			
		Name of person giving information <i>Chas H Tilghman</i>				How related to deceased <i>Father.</i>			
		CAUSES OF DEATH 61							
Primary <i>meningitis</i>		How long <i>2 wks</i>							
Immediate <i>Aschemia</i>		How long <i>2 days</i>							
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>Samuel C. Triff</i>				Address <i>Royal Oak Md</i>			
Accident or Suicide?									



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Annie Marie Tripple		Tribble	
		Town		County	
		Died at		Maryland	
		Date of death 1907		Age 56	
		Sex Female		Color or Race Negro	
		Occupation Housewife		Where Residing if not at place of death	
		Married, Single or Widowed		Name of Wife or Husband	
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			
		146			
		CAUSES OF DEATH			
Primary		How long			
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Accident or Suicide?		Address			



Name
in
Full

William Viney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Miller</i> ^{Town}		<i>Falton</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Oct</i>	Day <i>9</i>	Age <i>16</i>	Months <i>10</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth place <i>Ind</i>		
Occupation <i>Waterman</i>			Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <input checked="" type="checkbox"/>				
Father's Name <i>James Viney</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Mary Thomas</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>James Viney</i>	How related to deceased <i>father</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>2 years</i>
Immediate <i>Exhaustion</i>	How long <i>a few days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. R. Rippe Registrar</i>
<i>Dr. Johnson attended</i>	Address <i>Easton</i>
Accident or Suicide? <i>This boy up to the time of his death, save that no one</i>	



Name in Full		Town				County		CERTIFICATE OF DEATH	
		Olmer. Young		Tappa		Talbot		MARYLAND	
Died near		Date of death		Month	Day	Age	Years	Months	Days
		1907		10	2		51		
Sex		Female		Color or Race		negro		Birth-place	
								Talbot Co. Md	
Occupation		Sewant		Where Residing if not at place of death					
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		James Young		Father's Birthplace		Talbot Co. Md			
Mother's Maiden Name		Hester		Mother's Birthplace					
Name of person giving information		James Young		How related to deceased		son			
				CAUSES OF DEATH		(64)			
Primary		Apoplexy		How long		5 hours			
Immediate				How long					
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Joseph A. Ross, M.D.			
				Address		Tappa, Md			
Accident or Suicide?									

